



HEARING CONSERVATION PROGRAM (HCP)

Purpose

This instruction revises and updates the Meat Grading and Certification (MGC) Branch Hearing Conservation Program (HCP) which is designed to prevent employees with significant occupational noise exposures from suffering material hearing impairment.

Policy

It is the policy of the MGC Branch to protect employees against potentially hazardous noise exposure and to comply with Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.95.

Employees who perform in-plant activities must participate in all aspects of the HCP. Employees will protect themselves by wearing hearing protection devices (HPDs) when working or walking through areas of 85 dBA or higher, participating in baseline and annual audiograms, and annual training. It is the MGC Branch's goal to reduce the employee's worksite noise exposure to less than 80 dBA at all times. As a general rule, employees should wear HPDs in all areas of the worksite except for those that are exclusively an office environment.

Background

The MGC Branch first implemented a HCP on August 2, 1984, to assist all employees in reducing noise exposure by providing HPDs. In 1997, the U.S. Public Health Service conducted a baseline noise exposure assessment for MGC Branch activities, and the results revealed noise level exposures in grading chain/cooler areas from 86 dBA to 105 dBA and processing areas between 90 dBA to 103 dBA. For a comparison, these decibel levels fall in the noise range of very busy traffic to a rock drill.

Six Points of the HCP

The MGC Branch's HCP consists of six key areas of activity. They are:

1. Noise Exposure Monitoring. MGC Branch supervisors will collect data on all plants where services are provided.
 - a. MGC supervisors and assigned graders will ask plants to share noise exposure monitoring data to compliment the MGC Branch's HCP.
 - b. Where monitoring is necessary, Federal Occupational Health (FOH) Services

safety representatives will conduct all testing and record keeping for the Branch.

- c. All plants that receive full-time service will be sampled at least annually through plant data or FOH monitoring.
 - d. Repeat monitoring shall occur whenever there are changes in plant production, processes, or controls which increase noise exposure.
 - e. Sampling data will include specific areas of plants where MGC Branch services are provided.
 - f. Based on monitoring data, designated wear areas of plants for HPDs will be established.
2. Audiometric Evaluation. Audiometric examinations for all graders and supervisors will consist of two types of testing groups:
- a. FOH Group - all supervisors and graders within 150 miles (one way) of an FOH Center.
 - b. Private Provider Group - all remaining supervisors and graders.

Area Supervisors Shall Ensure:

- a. That in most cases, the audiometric testing will be accomplished in the March-July timeframe. All examinations (including travel time) will be conducted within the course of an employee's basic workweek. Costs for audiometric testing, referrals, and mileage will be paid by the MGC Branch in accordance with applicable regulations or instructions.
- b. Communication is maintained with FOH centers to minimize conflicts in scheduling appointments.
- c. All new employees receive an audiometric evaluation within the first 2 weeks of employment.
- d. All supervisors and graders in their area of responsibility are tested annually.
- e. All private providers are qualified to administer audiometric testing. Use the Qualified Private Provider Questionnaire (attached). If the provider answers "No" to any question, the provider is ineligible to perform employee audiometric testing. Occupational health clinics, occupational medicine physicians, and audiologists (usually affiliated with an Ear, Nose, and Throat Specialist) are generally capable of performing the required tests.

Supervisors and Graders Shall:

- a. Report to the testing site at the designated time assigned by the area supervisor, and cooperate with testing personnel while the audiometric test is conducted.

- b. Complete sections A-D of the Audiogram History Form FOH-17 (attached), and provide this form to FOH personnel at the time of testing (FOH group only).
- c. Supply the Audiogram History Form FOH-17 and Private Provider Billing Form (attached) to the qualified testing provider (private provider group only) assigned by the area supervisor.
- d. Immediately notify their supervisor if they are unable to complete the audiometric examination so the appointment can be canceled and rescheduled.
- e. Fourteen hours prior to testing, avoid all sources of noise (loud music, power tools, firearms, motorcycles, heavy machinery, etc.) that exceed normal conversational levels.

FOH Shall:

- a. Provide a copy of the audiogram results to the employee, if requested.
 - b. Notify the MGC Branch Washington Office of any supervisor or grader with an abnormal baseline audiometric evaluation so they may be referred to a specialist for further evaluation.
 - c. Conduct followup audiograms for employees showing a threshold shift.
 - d. Maintain confidential records of employee audiometric evaluations.
1. Hearing Protection Devices (HPDs). The MGC Branch currently provides two types of HPDs through the area offices or Office of Field Operation (OFO). Employees have the option to select either one or both of the following:
- a. Ear Muff - provides extra protection against low frequency noise and great protection against high frequency noise. Cushions on the muffs should be regularly inspected for cracks and replaced when necessary. "Cool Pads" are disposable covers which soak up perspiration and makes muff more comfortable.
 - b. Ear plugs - available in two sizes: Medium/Large with/without cord and Small with/without cord. These can be washed daily in mild soap and warm water or sterilized with boiling water or alcohol.

After completion of the initial training, employees will be responsible for proper fit, use, care, daily inspection, and ordering of hearing protectors and replacement parts. Alternative types of hearing protectors are acceptable if for medical or physical reasons an employee cannot wear HPDs provided by the MGC Branch. Requests for alternative protectors for medical or physical reasons must be submitted in writing along with a physician's statement to the area supervisor. The physician's statement must include a description, manufacturer's data, price of the alternative type of hearing protection, and a justification for the alternative device.

NOTE: Employees must wear HPDs in designated wear areas of a plant. Supervisors

during the course of their routine supervisory duties will ensure employees are properly wearing hearing protectors. Any evidence of noncompliance will be documented, and repeated failure to comply with the requirements of this instruction will result in progressive disciplinary action. Progressive disciplinary actions are:




- a. Oral Warning documented on LS-18.
 - b. Written warning.
 - c. Letter of reprimand.
 - d. Disciplinary action (time off less than 14 days).
 - e. Adverse action (more than 14 days).
 - f. Removal.
1. Annual Training. Annual training will be provided to all graders and field supervisors. Training shall include:
 - a. Basic information on the MGC Branch's HCP and effects of noise on hearing.
 - b. Advantages, disadvantages, and attenuation (decrease in effectiveness) of various types of HPD.
 - c. How and when to wear HPDs. How to care for HPDs.
 - d. Supervisor's role and responsibilities (including actions taken for not wearing HPDs).
 - e. Identification of the designated wear areas of an employee's worksite.
 2. Recordkeeping. Records will be kept for each phase of the HCP.
 - a. Noise exposure measurement records will be kept for 2 years by FOH.
 - b. Audiometric test records will be kept by FOH for the duration of an individual's employment.
 - c. Training records will be kept in the OFO.
 3. HCP Evaluation. Annually, all elements of the MGC Branch HCP will be evaluated by the National Labor Management Partnership Council (NLMPC) to determine the program's effectiveness in preventing hearing loss. Comparisons will be made on:
 - a. Noise surveys
 - b. Employee audiograms.
 - c. HPDs' use.

- d. Attenuation provided by HPDs.
- e. Participation in training.

Additional Education and Training Material Available

The MGC Branch also has brochures and video tapes available upon request through area offices or the OFO.

1. Hearing Conservation. Occupational Safety and Health Administration (OSHA) 3074, dated 1995 (Revised). Summary of the required components of OSHA's HCP.
2. Save your Hearing Cells! Issued to all employees in 1994. New employees should request and read this pamphlet.
3. In Defense Of Hearing. A pamphlet issued to all area offices to better educate all supervisors in the importance of hearing safety.
4. S. O. S. Hearing and National Hearing Test. Video at all area offices which can be loaned out to employees on request to view.

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Qualified Private Provider Questionnaire	U.S. Public Health Service/Federal Occupational Health Audiogram History/Report	Private Provider Billing Form

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QUALIFIED PRIVATE PROVIDER QUESTIONNAIRE		
AUDIOMETRY EQUIPMENT CHARACTERISTICS	YES	NO
Audiometric tests shall be pure tone, air conduction, hearing threshold examinations with test frequencies including as a minimum 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz. Tests at each frequency shall be taken separately for each ear. Can you perform these tests?		
Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of, and are maintained and used in accordance with, American National Standard Specification for Audiometers, S3.6-1969. Do you have equipment that meet these specifications?		
Audiometric test rooms: Rooms used for audiometric testing shall not have background sound pressure levels exceeding those in table D-I cited in 29 CFR 1910.95 when measured by equipment conforming at least to the Type II requirements of American National Standard Specification for Sound Level Meters S1.4-1971 (R 1976) and to the Class II requirements. Can you provide verification that background sound does not exceed these levels?		
EQUIPMENT CALIBRATIONS		
Exhaustive calibration, performed within the past 2 years. Date last calibrated: _____		
Acoustic calibration, performed within the past year. Date last calibrated: _____		
Functional checks, performed each day the audiometer is used (Audiometer's output is tested using a subject with known, stable hearing threshold levels or a bio-acoustic simulator. If the audiometer deviates 10 dB or greater, an acoustic calibration must be performed. Functional checks also include inspecting the audiometer for any malfunctions such as signals leaking to the nontest ear, and that the signal is pure, without static or hum). Date last calibrated: _____ Date last used: _____		
TESTER QUALIFICATIONS		
Completes a training course administered by a training institute certified by CAOHC or a course given by a recognized training institute OR shows competence in proper use, maintenance, calibration, and functioning of audiometer being used.		
Provider has an audiologist available if questions arise		
ADMINISTRATIVE QUALIFICATIONS		
Provider will use questionnaire brought by client and send test results and calibration documentation to designated address. (Employee will provide forms at time of test.)		

U.S. PUBLIC HEALTH SERVICE/FEDERAL OCCUPATIONAL HEALTH**Audiogram History/Report****Tape Tracing Here**Baseline ☐ Annual ☐ Retest ☐

A. Identification:

Last Name _____ First Name _____ Middle Initial _____
Date of Birth ____/____/____ Sex M ☐ F ☐ Length of time on job ____
Mo. Day Year Circle one Mo. Yr.
Job Title _____ Job Location _____

B. Noise Exposure: (Check all that apply) Steady ☐ Intermittent ☐ Impulse ☐

Source of Noise _____ Estimated hours per day exposed _____

Time since most recent noise exposure: Hours _____ Days _____

Duration of most recent noise exposure: Hours _____ Days _____

Other Noise Exposure: (Check all that apply)

Prior military service ☐ Loud music ☐
Firearms ☐ Motor cycles ☐
Power tools ☐ Heavy machinery ☐

C. Protective Equipment Used: Ear plugs ☐ Ear muffs ☐ Canal Caps ☐ Other ☐
Type _____How often do you wear this equipment: Always ☐ Sometimes ☐ Rarely ☐ Never ☐

D. Medical History: (Check all that apply)

History of hearing loss ☐ History of ringing in ears ☐
Family history of hearing loss ☐ History of recurrent impacted ear was ☐
History of recurrent ear infections ☐ History of wearing hearing aid R ☐ L ☐
History of head injury ☐ Current cold, flu, or allergy symptoms ☐
Comments: _____

TO BE COMPLETED BY PHYSICIAN OR NURSE/TECHNICIANE. Physical examination of ear: Left _____
Right _____

F. Education: (the following was discussed with the employee)

Causes of hearing loss ☐ Types of ear protectors ☐
How to protect hearing ☐ Importance of hearing program ☐

G. Assessment: (Check one)

Normal audiogram ☐
Abnormal audiogram with no change from baseline (R/L) ☐
Standard threshold shift or other significant change (R/L) ☐

H. Recommendations: (Check all that apply)

Continue annual testing ☐ Repeat manual audiograms ☐ Refer to Audiologist/ENT ☐Nurse/Technician _____
(Print name) (Signature) (Title) (Date)Physician _____
(Print name) (Signature) (Date)

Remarks _____

AUDIOMETER CALIBRATION (Re:29CFR 1910.95, Occupational Noise Standard)

Daily Biological/Functional Check [1910.95(h)(5)(i)]: Completed Yes ☐ No ☐

Calibration Dates: Acoustic: [1910.95(h)(5)(ii)] _____

Exhaustive: [1910.95(h)(5)] _____

PRIVATE PROVIDER BILLING FORM

Dear Physician:

Thank you for participating in the Meat Grading and Certification (MGC) Branch's Hearing Conservation Program (HCP) by conducting an audiogram for _____ (Print Patient's Name).

To expedite payment for your valuable service, we have provided a Business Reply envelope for you to send the billing invoice along with this Private Provider Billing Form.

DO NOT SEND TEST RESULTS!! Please send audiogram results to:

FOH Medical Review Officer
Attn: Lee Wugofski, M.D.
Federal Occupational Health
50 United Nations Plaza, Room 443
San Francisco, CA 94102

If you accept VISA credit cards, the MGC Branch can give verbal authorization for payment. Upon receipt of the billing invoice and this completed Form, we will contact you with our credit card information. If you prefer a check, please provide payee and address information in the space provided below.

Payee Name: _____

Mailing Address: _____

Phone _____ Fax _____

Preferred Method of Payment (VISA or Check) _____

Date of Audiogram _____ Audiogram Cost \$ _____

By signing below, I certify that the audiogram services were performed and payment is due.

Physician's Name

Signature

Date